



Asbestos Fibre Identification Request

Please complete this form and return with your samples

CLIENT DETAILS			OUR DETAILS		
CLIENT NAME:		ORDER NO:	EMAIL ADDRESS:	analysis@eapl.net.au	
CLIENT ADDRESS:			CONTACT NO:	(08) 9494 2958	
CONTACT NAME:			ADDRESS:	Emission Assessments Unit 6 35 Sustainable Avenue Bibra Lake WA 6163	
CONTACT PHONE NO:					
CONTACT EMAIL:					
DATE SAMPLES COLLECTED:					
Your Sample Number	(Lab use only) EAPL Sample Number	Sampling Address (if different from your contact details)	Sample Location (room, wall, ceiling, floor tiles, eaves etc.)		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
LABORATORY USE Please Leave Blank		DATE RECEIVED: / /	TIME: :	SIGNED:	